

Recruitment strategies for engaging members of the Pakistani community

Overcoming gender differences and generational gaps beyond work and education

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Image 1

Background

- Cardiovascular disease is a leading cause of death worldwide
- Members of ethnic minority groups are exposed to socio-environmental factors that can increase their risk of developing CVD (as well as diabetes and obesity)
- Many Pakistanis in the UK live in areas of high ethnic density, which are socio-economically disadvantaged areas with a greater prevalence of CVD (Image 1)
- Social capital: a theory that considers social networks as a resource for providing individuals with information and support.

Objectives

1. To explore perceptions of community support and diversity of social networks in relation to preventing CVD
2. Understand the importance of cultural norms and trust in the Pakistani community, for exchanging information and supporting lifestyle choices (related to health)

Methodology

- Participants: male and female Pakistanis from the Midlands aged 18 and over with diverse educational and occupational backgrounds (Table 1)
- Recruitment: advertisement in community centres (mosques, social gatherings), business districts and through volunteering services (Image 2 and 3). Engagement with community “gate-keepers” and enlisting research advocates. Using word of mouth and snow-balling techniques alongside lay-informed posters, information sheets and social media
- Data collection: 42 in-depth interviews in English/Urdu lasting 45-130 minutes. The convoy model was used to illicit responses on social network structures
- Etiquette and rapport: familiarisation with cultural and religiously appropriate behaviour whilst developing an atmosphere of trust and comfort. Participants felt at ease to share anecdotes and pictures (Image 4)

Results and conclusion

- Framework analysis helps identify common views and emotions as well as themes that will reflect the experiences of Pakistanis with regard to social networks and health. Typologies will be used to differentiate views based on age, gender and generation (1st, 2nd or 3rd generation migrants)
- Networks of advertising: Individuals were often keen on getting friends and family members involved in the study. Civic participation is reflected in the notion of helping a “fellow Pakistani”
- Preliminary results: themes surrounding engagement with the wider community, a female dialogue on empowerment, notions of control and influence of community based gender roles

Early recommendations

- Practitioners should incorporate an understanding of culturally-bound community dynamics when promoting lifestyle changes for CVD prevention.
- Encouragement of community development to prioritise healthcare, cultural advocacy, support and motivation
- To tackle gender, generational and age based discrimination within the Pakistani community and beyond



Image 2



Image 3



Image 4

Age	Gender	Generation	Occupation	Time in England
19	Female	3 rd	Student	Birth
38	Male	1 st	Unemployed	30 years
49	Female	1 st	Housewife	28 years
28	Female	2 nd	Theatre practitioner	Birth
24	Male	1 st	Pharmacist	19 years
70	Male	1 st	Retired navy officer	50 years

Table 1. Example of recruited participants

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